

## An Outline for Sustainable Development of Health System in Balochistan<sup>1</sup>

*Health development has taken a central place in the planning for socio-economic development. In this context an attempt has been made to outline the potential areas and the main policy recommendations for development of a sustainable health system. Although a number of health development issues have been addressed in detail and policy guidelines have been suggested, a strong political will seems a pivotal factor behind all these issues.*

### **BASIC CONSIDERATIONS**

The issues presented hereunder are considered to be the basic features regarding sustainable health development in the province; which have to be kept in mind before any rational action plan can be generated. Likewise, any action plan in health needs to be reviewed in perspective of these considerations as well.

1. Health System cannot develop in isolation. There has to be a long term, integrated approach with an appropriate involvement of Education, Administration, Local Government and Rural Development, Community Development, Agriculture, Livestock, Public Health Engineering and Political sectors.
2. Development of Human Resource at all levels of health care has inevitably to be one of the top priority items on the agenda requiring serious attention irrespective of political interests. The medical education system should be allowed to develop in a decentralised manner. The development of local talent base should be undertaken on top priority, and encouraged. It is a tedious and lengthy process which can not be cut short.
3. The health system has to be need-based having a Primary Health Care base and balanced with an equitable, NOT equal, distribution between curative and preventive approaches to health care.
4. Research has to be encouraged, both clinical and Public Health (Health Systems Research). The process of utilisation of research for development of the health system is vital if any success is to be

achieved (as the Institute of Public Health has now come up in the province it should be forced to develop this system on top priority).

5. The health planning and management system in the public sector needs to be reorganised, and should be decentralised immediately. The international requirement of qualifying in Public Health before being eligible for appointment on health management positions has to be implemented.
6. Extensive reliance on loan based foreign projects should be done away with immediately. Utilisation of existing resources should be encouraged. Similarly dogmatic following of foreign consultants should not be done. We have local talent which should be tapped.
7. A mutually agreed upon Provincial Health Policy should be developed for Balochistan so that all initiatives can reach materialisation. As Health Policy is not something which the province can afford to change with every political change, it should be undertaken with consultation amongst all political partners, whether inside or outside the government. Otherwise it shall become a perfect recipe for disaster. Most important is the discouragement of the practice of violation and relaxation of rules to favour some individuals. It is fatal for health development.
8. Legislation to protect and ensure good quality health care for the people in both the public and the private sectors needs to be undertaken. Some form of subsistence, like health insurance, has to be initiated as it is becoming ever difficult for the common man to afford health care.
9. Adequate and proper involvement of Community is essential for any social sector development. Same is the case for health. This issue needs to be explored for proper and early initiation, as it requires perseverance and time to mature and develop.
10. Education to develop knowledge, attitude and practice of masses, politicians and health professionals themselves regarding their responsibilities for health care is vital.
11. Strategies requiring establishment of ad-hoc units to satisfy development strategies (e.g., Provincial Health Development Centre in the Second Family Health Project) designed to work parallel to existing institutions are dangerous for sustainable development.

## **PROPOSED STRATEGY**

### **Guiding Principles**

1. It has to be recognised, realised and accepted that all is not good in the health sector, particularly the at the government side. Placing individuals in administrative positions will bear no fruits unless a whole system is implemented. Piecemeal action and adhocism will pay no dividends. As no plan to address the problems faced by the health sector could be executed in a single go, the strategy has to be phased out.
2. Whatever change is needed cannot be implemented in one single year. The earliest sustainable results require at least two years of determined efforts and support from the political, administrative and technical machinery to become visible. Any plan of change to be implemented in full shall requires at least five years to complete.
3. It has also to be realised that it is not a job for one person, one group or one team. The quantity of aspects to be addressed is uncountable and many fronts have to be opened at once. Therefore many teams have to be prepared, commissioned, persistently supported and monitored. A Central Control Mechanism comprising of technical and political components is necessary.
4. A system of accountability and immediate reward/punishment action, howsoever slight in nature, is compulsory for the success of a development initiative in the health sector.
5. Decentralisation of authority, functional autonomy according to operational requirements, is a basic need. The field commanders have to be trusted upon if one needs to win a war. Change in the rules of business and the decision-making process as applicable to the health sector is a must. The Secretariat cannot have the God like authority it has today. It would however have to have more authority for monitoring and accountability, to be exercised in a provincial-level-committee set-up. The political government simply has to realise this fact and decide whether the priority is the life and health of people or some petty political gains.
6. The principle of the right man for the right job has to be implemented as far as possible. It is the integrity, knowledge, professional education and performance of an individual not the manners, affiliations, relationships or the seniority which count for technical sectors such as health.

7. It has to be recognised that despite the fact that during phase-1, many operational issues shall be addressed, but primarily this phase has to be a 'broad approach' phase. The individual sector groups shall be determining the exact programmes to be carried out. The phase outline and objectives shall however have to be centrally 'dictated'.
8. It has to be recognised that an immense pressure will have to be sustained by the political government. If the first phase is allowed to continue without any major compromises these pressures shall automatically be subdued.

### **Strategy Components/Actions for Phase-1**

#### ***Development of Provincial Health Policy***

1. Objectives
  - a. To develop a comprehensive Provincial Health Policy to steer the provincial health system towards addressing the health care needs in the 21<sup>st</sup> Century.
  - b. To set-up a mechanism to keep the policy under review for necessary developments.
2. Minimum Duration of Input — 4 months.
3. Organisation
  - a. Provincial Health Policy Committee of the Cabinet under the Chief Minister.
  - b. Sub-Committee to the Cabinet Committee which may be comprising of:
    - i. Additional Chief Secretary (Development).
    - ii. Secretary Health Department.
    - iii. Director General Health Services.
    - iv. Principal, Bolan Medical College.
    - v. Chief Planning Officer.
    - vi. Director, Institute of Public Health.
    - vii. Four community representatives who are not elected Public Representatives.
    - viii. Four female community representatives.
    - ix. Four special representatives for rural areas.

- x. Up to four co-opted members to the Sub-Committee.
- xi. Representatives from the University departments of Sociology, Economics and Mass Communication.

#### 4. Activities

- a. Agreement and approval of guidelines for provincial health policy to be declared by the Cabinet Committee.
- b. Development of draft health policy. The process shall include but not limited to:
  - i. Widest possible assimilation of health needs, aspirations and proposals from the community, political leadership and other population groups.
  - ii. Research for inputs into the health policy.
  - iii. Thorough debate which should also aim to educate the people and the leadership.
  - iv. Full debate amongst the health and related professional groups to ensure positive interventions in health and firm practical decisions.
- c. Discussion of draft policy amongst all political partners/groups to ensure ownership and sustenance.
- d. Creation of a permanent body of the political government to monitor health policy implementation.

#### 5. Resources

- a. Institute of Public Health should co-ordinate the activities of the Sub-Committee and provide secretarial services.
- b. The Health Planning Cell should provide information and external co-ordination support for the Sub-Committee with other sectors and outside the province.
- c. Legislative and business disposal support should be provided by the Government.

### ***Health Planning & Management System***

#### 1. Objectives

- a. To implement reorganisation of the Health Planning & Management System in the provincial health department (Health Secretariat to the lowest levels) and to install a monitoring and review system to allow sustainable

adaptation and development of the new Health Planning & Management System with the changing international, national and particularly provincial health care needs.

- b. To implement a revised and developed establishment system for all categories of health personnel so as to allow satisfactory vertical and horizontal career progression and incentives and hence efficient output. A special focus has to be for the female staff and officers in the health service.
  - c. To install system of accountability in the health services.
  - d. To revise the rules of business and other regulations applicable to health and make them in accordance with the operational requirements of the health services. Decentralisation of administrative and financial powers has to be the main focus of such an exercise.
2. Minimum Duration of Input — 2 years.
  3. Organisation
    - a. Provincial Health Committee of the Cabinet under the Chief Minister.
    - b. Set-up of a Provincial Health Planning & Management Committee under the Secretary Health and with essentially the following membership:
      - i. The Principal, Bolan Medical College.
      - ii. Director General Health Services.
      - iii. Director P&D, DG Health Services (under new rules).
      - iv. Divisional Directors of Health Services.
      - v. Chief of Health Section, P&D Department.
      - vi. Director, Institute of Public Health as Co-ordinator.
      - vii. Chief Planning Officer (Health) as Secretary.
    - c. Set-up of a Provincial Health Services Management Committee under the Director General of Health Services with essentially the following membership:
      - i. Directors at the DG Health Services (under new rules).
      - ii. Divisional Directors Health (under new rules).

- iii. Provincial Programme Managers.
- iv. Provincial Co-ordinator HMIS.
- v. Director, Institute of Public Health.
- vi. Chief Planning Officer (Health).
- d. Set-up of Divisional Health Management Committee under the Divisional Director Health with essentially the following membership:
  - i. The Additional Directors of the Division (new rules).
  - ii. The District Health Officers.
  - iii. The Divisional Level Paramedical Officer.
- e. Set-up of District Health Management team under the DHO (this proposal is under pilot implementation under the Second Family Health Project).

#### 4. Activities

- a. Development of legislation and rules of business to ensure proper monitoring, reporting, analysis and supervision of all levels of health services management.
- b. Development of Job Description of various levels of health care organisation and providing legislative support for these functions.
- c. Implementation of Decentralisation with the delegation of financial and administrative powers to various health management levels in accordance with management needs.
- d. Full implementation of already undergoing revised planning system.
- e. Ensuring use of Health System Research results by the Health Services Management. Also the in-service training programme to provide trained human resource for proper health planning and management.
- f. Development and implementation of an induction course for doctors and other health professionals by Institute of Public Health.

5. Resources

- a. The Health Committees as given above. The Provincial Health Planning & Management Committee should oversee the implementation of the reorganisation the health services.
- b. Planning Cell, Health department.
- c. Institute of Public Health.
- d. Special bodies to resource certain special attention areas required.
- e. Second Family Health Project and other FAPs, of course modified to suit the needs of the development strategy.
- f. NGOs who are interested to assist in health development work.

***Health Professional Education & Research System***

1. Objectives

- a. To implement, improvement, enhancement and reorganisation of the Health Human Resource Development System in the province and to install a monitoring and review system to allow sustainable adaptation and development in future. Such a policy objective shall involve:
  - i. The Bolan Medical College, Quetta.
  - ii. The Institute of Public Health, Quetta.
  - iii. The Paramedical Training Institutions in the province.
  - iv. The Nursing Schools in the province.
  - v. The system for training of Medical Technicians (all categories) in the province.
  - vi. The Medical Teaching Hospitals and other health facilities used for medical and paramedical training in the province.
  - vii. The future developments in this behalf.
  - viii. The institutions outside the province related/connected to the provincial human resource development system (e.g., Jinnah Hospital, Karachi; PGMI, Lahore, etc.).



- b. To implement a revised and developed management system for the health human resource development system in such a way that the management pressures are reduced to the minimum so as to allow the professional training institutions to provide full range of valid services and critical appraisal for the health care system, as recognised internationally and through the ages.
  - c. To strengthen the Institute of Public Health for the development of Preventive Medicine, Family Medicine and the process for Health Systems Research and Operations evaluation and development in the province.
  - d. To revise the rules of business and other regulations applicable to this sector so as to implement full functional autonomy to the teaching departments. Installation of an efficient supervisory and accountability system.
- 2. Minimum Duration of Input — 2 years.
- 3. Organisation
  - a. Provincial Health Policy Committee (as above).
  - b. Revision of the organisation and management structure of the Bolan Medical College to establish functional autonomy for the teaching departments/faculties.
  - c. Till such time that the revision of the structure does not take place the Academic Council and Board of Studies in Medicine of the Bolan Medical College, and Academic Council of the Institute of Public Health which already exist shall be utilised. The following changes needs to be implemented:
    - i. Creation of a Directorate General of Health Professional Education with the Principal, Bolan Medical College, as ex-officio Director General as it is a teaching post. All medical and paramedical training facilities shall be transferred under this roof. The institutions may remain autonomous, semi-autonomous or as the case may be. The role of the health secretariat in matters relating to medical education shall become of co-ordination only.
    - ii. Creation of an Examination Board for Paramedical Training which shall be an autonomous body of the DG, Health Professional Education.

- iii. Creation of Hospital Management Committees for the teaching hospitals as required under the medical education protocols.
  - iv. Installation of supervisory and reporting mechanisms to ensure full supervisions by the provincial health policy committee.
  - v. Closest possible links, operational and mutually supportive, shall be established on official basis between the health professional education and health services sectors to allow mutual exchange of information, technical and service assistance, etc.
  - vi. The health professional education sector shall be oriented to become the think tank for development of, and the critical eye for, the health sector.
- d. As the Institute of Public Health already has the official mandate to establish Health Systems Research in the province. It should be emphasised to undertake initiation of this development immediately. The provincial level Health System Research Cell should be invoked and made functional under the new system.
  - e. It may however be recognised that the management of the revised medical education system should have an effective and balanced representation of the preventive and curative units; as otherwise desired results cannot be achieved.

#### 4. Activities

- a. Development of legislation and rules of business to ensure proper monitoring, reporting, analysis and supervision of all levels of activities given above. The Academic Councils shall be responsible to form a sub-committee and recommend action. Due to nature of the activity, the Institute of Public Health shall co-ordinate.
- b. Separation of the planning systems relating to all aspects of medical education systems, inclusive of civil works etc., from the provincial planning cell. As this has created a lot of operational problems in the past and any further delay or problem may be very negative in its long term consequences.
- c. Implementation of decentralisation in the medical college, with the delegation of financial and administrative powers to

various teaching departments and faculties, in accordance with operational and research needs.

- d. Full implementation of already undergoing medical teacher training and medical education programme operated as a mandate by the Institute of Public Health. The Institute shall receive full support for this and shall be bound to report to the competent authorities in respect of changes made in the medical curriculum for the health care needs of the province.
- e. Development of standards for paramedical education and ensuring development of teaching faculty for paramedical training in the province.
- f. Development, improvement and enhancement of postgraduate health professional education in the province.

#### 5. Resources

- a. The Provincial Health Policy Committee as given above.
- b. Bolan Medical College, Quetta.
- c. Institute of Public Health, Quetta.
- d. College of Physicians & Surgeons of Pakistan.
- e. Pakistan Medical & Dental Council.
- f. Pakistan Nursing Council.
- g. The World Health Organisation.
- h. The Department for International Development, UK.
- i. Special Donor Assisted programmes, specifically designed to build Health Professional Education.
- j. Second Family Health Project.
- k. NGOs who are interested to assist in health development work.

### ***Health Delivery System***

#### 1. Objective

- a. To ensure continuous improvement in the provision of medical and preventive care through the government health outlets. And to establish a system of medical audit for both the public and private sector health care facilities and professionals therein.

- b. To streamline the management of service delivery at large hospitals and in the districts.
  - c. To develop and ensure quality and sustainable emergency and disaster medical care system and referral care system in the province.
  - d. To develop and sustain preventive focused programmes in the province and to ensure balanced planning between preventive and curative services as required by the health situation in all different regions of the province..
  - e. To develop and sustain quality human resource to implement this programme.
  - f. To ensure proper career structures for general doctors, specialists and medical teaching consultants.
2. Minimum Duration of Input — 2 years.
3. Organisation
- a. The revised health management structure as given above.
  - b. Separate quality assurance and assistance system which is in-built in the revised management system.
  - c. Set up of a Medical Audit System.
4. Activities:
- a. Development of legislation and rules of business to ensure proper monitoring, reporting, analysis, supervision, performance and assistance of all levels of health services functions in public and private sectors.
  - b. Development of medical Job Description for various levels of health care organisation and provision of functional support for these functions.
  - c. Development of in-service training and continued medical education programmes for the general and specialist doctors; and compulsory refresher courses to be developed and executed by the Bolan Medical College and the Institute of Public Health.
  - d. Development of a system for Renewal of Practice License for all doctors as undertaken internationally. No relaxation should be granted in this regard.

- e. Development of the discipline of Family Medicine by the Institute of Public Health as mandated to it.

5. Resources

- a. The Health Committees as given above.
- b. HMIS.
- c. Bolan Medical College.
- d. Institute of Public Health.
- e. Second Family Health Project and other FAPs.
- f. NGOs who are interested to assist in health development work.

***Community Participation System***

1. Objective

- a. To implement a system through which adequate and proper participation of the communities can be ensured for their own health care.
- b. To ensure that the communities shall also shoulder the burden of health care with the government.
- c. To promote NGOs and CBOs in the development and sustenance of health care, health promotion and control of ill-health.

2. Minimum Duration of Input — 1 year.

3. Organisation

Revised Health Organisation as given above.

4. Activities

The issue is of extreme importance and vital for health development and sustenance of health promotion activities. However, as very little work has been done on this subject in local context, therefore this needs to be explored deeply and on an accelerated pace. The Institute of Public Health, the University Department of Sociology and other interested bodies should be impressed upon the need for some rapid appraisals in the field and development of programme and policy options in the matter.

5. Resources

- a. The Institute of Public Health.
- b. The University Department of Sociology.
- c. The University Department of Social Work.
- d. Interested NGOs.
- e. Planning Cell, Health Department.
- f. Special bodies to resource certain special attention areas required.
- g. Second Family Health Project and other FAPs.

***Private Sector and Health Care System***

1. Objective

To ensure availability and access of quality health care for the people of the province and to extend the benefits of health care for the entire population of the province.

2. Minimum Duration of Input — To be explored.

3. Organisation

As for Community participation in health.

4. Activities

As in the case of Community Participation in Health. This is also a highly sensitive and vital issue. As the danger and potential hazards and benefits for the population are immense, there is an absolute lack of legislation to regulate the provision of health care by private institutions. Therefore development of legislation and rules of business to ensure proper monitoring, reporting, analysis and supervision of all levels of health care delivery is essential. The issue has to be explored further before any activities are scheduled.

5. Resources

- a. The Provincial Health Policy Committee.
- b. Bolan Medical College.
- c. The Institute of Public Health.
- d. Planning Cell, Health department.

- e. Special bodies to resource certain special attention areas are required.

(Date accepted: April 1997)

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